## **VOLUNTEER INSURANCE PROGRAM**

2005-2006

Last First M.I Include area code  DATE OF BIRTH:	NAME:			PHONE	#:	
ADDRESS: Street City Zip  DESCRIPTION OF VOLUNTEER ACTIVITY:  VERIFICATION FROM SUPERVISOR:  Signature of Supervisor  Title  Phone #  Phon	Last	First	M.I		Include area code	
ADDRESS:    Street   City   Zip	DATE OF BIRTH:			SOCIAL SECURITY #:		
VERIFICATION FROM SUPERVISOR:    Title	dd/mn	n/yyyy				
VERIFICATION FROM SUPERVISOR:    Title	ADDRESS:					
VERIFICATION FROM SUPERVISOR:    Signature of Supervisor	Street		City		Zip	
Title   Phone #	DESCRIPTION OF VOI	LUNTEER ACTIVITY:				
Title   Phone #	VEDIEICATION EDOM	GINEDINGOD				
BENEFICIARY OF THE INSURED:  NAME:  ADDRESS:  SOCIAL SECURITY #:  PHONE #:   Rate Coverage  Accident:  \$ 5.25 \$ 5.25  Excess Automobile Liability:  \$ 5.25 \$  Handling fee to cover the cost of processing:  (postage, copying, membership fee, etc.)  TOTAL AMOUNT ENCLOSED:  \$ 16.50 \$   Coverage will expire on June 30, 2006 regardless of the effective date. Fees will not the year. PLEASE DO NOT SEND CASH. Make your check or money order payal application to:  Kentucky Volunteer Insurance Program  KCCVS 3W-F 275 East Main Street Frankfort, KY 40621  Please allow approximately two weeks for your application to be processed	VERIFICATION FROM	SUPERVISOR:	are of Superviso	or		
BENEFICIARY OF THE INSURED:  NAME:		-	•			
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Rate Coverage Accident: \$5.25 \$5.25 Excess Automobile Liability: \$5.25 \$  Handling fee to cover the cost of processing: \$6.00 \$6.00 (postage, copying, membership fee, etc.)  TOTAL AMOUNT ENCLOSED: \$16.50 \$  Coverage will expire on June 30, 2006 regardless of the effective date. Fees will not the year. PLEASE DO NOT SEND CASH. Make your check or money order payal application to:  Kentucky Volunteer Insurance Program KCCVS 3W-F 275 East Main Street Frankfort, KY 40621  Please allow approximately two weeks for your application to be processed  Figure 1. For OFFICE USE ONLY: Receipt Date:	BENEFICIARY OF THE	E INSURED:				
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Contact KCCVS at 800-239-7404 regarding coverage information.	E-mail address: kccvs@ky.go					